

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. PAG	K	
2.		
3.		
4.		
5.		
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

SAR in response
to DR question
re aee 16 Sep 94
inpt. Must be
included for submission
87001 SAR.

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FR

SGFOIA3

Approved

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